

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106912

1. Entity Name

SIMS INDEPENDENT MECHANICAL SERVICES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90164 033 ***150.00

Principal Place of Business

Mailing Address

415 PEARL STREET
MELROSE FL 32666

P.O. BOX 326
MELROSE FL 32666-0326
US

2. Principal Place of Business

3. Mailing Address

415 Pearl Street

P.O. Box 326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Melrose, Florida

Melrose, Florida

City & State

City & State

4. FEI Number

59-3489155

Applied For

Not Applicable

Zip

32666

Country

Putnam

Zip

32666

Country

Putnam

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, ROBERT L
415 PEARL STREET
MELROSE FL 32666

Name

Sims, Robert L.

Street Address (P.O. Box Number is Not Acceptable)

415 Pearl Street

City

Melrose

FL

Zip Code

32666

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Robert L. Sims Robert L. Sims

4/21/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SIMS, ROBERT L
415 PEARL STREET
MELROSE FL 32666

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Sims, Robert L.
415 Pearl St.
Melrose, FL 32666

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
SIMS, SHEREE A.
415 PEARL STREET
MELROSE FL 32666

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
Sims, Sheree A.
415 Pearl St.
Melrose, Florida 32666

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheree A. Sims Sheree A. Sims

4/21/2000

352 475-5837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)